STANDARD CERTIFICATE OF DEATH 11	v = N- 200 1	1		THE DI	VISION OF HE	ALTH OF M	AISSOURI		ひといとし	
BITCH NO. SEPEN PRIMARY REG. DIST. NO. SEPEN PRIMARY REG				STAND	ARD CERTIF	ICATE O	F DEATH	AFA La State File	N. CAVIDIE	P.
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Type or Print Byron Lewis Hughes Death October 1,1952		II OR			II OR	·		· 0495	•	
Type or Print. Byron Lewis Hughes Death October 1,1952	8	INSTITUTION St. John's Hospital			d. STREET ADDRESS	(If rurs!	, give location)	U		
Type or Print Byron Lewis Hughes Death October 1,1952	ည္ဆို				<u>spital</u>	American Hotel, 722			722 Main	
Comparable Com		3. NAME OF DECEASED _	a. (First)			•			,	•
Walter Hughes 13b. Mother's Majoen Name 14. Name of Husband or Wife	1							I DEATH OCTO	<u>ber 1,1952</u>	<u>; </u>
Walter Hughes 13b. Mother's Majoen Name 14. Name of Husband or Wife	E	\ \ \ \ \	, COLOR OR RACE	7. MARRIED, I WIDOWED, I	NEVER MARRIED, DIVORCED (Boodfy) \			_ last birthday) M		KES.
Walter Hughes 13b. Mother's Majoen Name 14. Name of Husband or Wife	X I			Never	married <i>U</i>			<u> 46 l</u>		
Walter Hughes 13b. Mother's Majoen Name 14. Name of Husband or Wife	8	10a. USUAL OCCUPATI	ION (Give kind of work king life, even if retired)		DUSTRY		(Caty and Stat		12. CITIZEN OF W	HAT
Walter Hughes 13b. Mother's Majoen Name 14. Name of Husband or Wife	2 d	Clerk		Wilder	's Restau	rant	Spring	field, Mo	C USA	
Walter Hughes Famile —	L!			136.	MOTHER'S MAIDEN	NAME	14. NA	ME OF HUSBAND OF	WIFE	
Enter only one-course per line for (a), (b), and (c) *This does not mean the mode of spins, such as heart fallure, asthenia, etc. It means the discussion which caused death. **DUE TO (a) **DUE TO (b) **DUE TO (c) **DUE TO	·									
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ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Pneumonitis so heart failure, asthemia, size, it means the discase, injury, or compileation which caused death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death at most related to the disease or condition causing death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer, femoral hernia 20. AUTOPSY? YES No 2 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) FINJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WHILLAT NOT WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from 8/14 , 1952, to 10/1 , 1952, that I last saw the deceased alive on 10/1 , 1952, and that death occurred at 5 p. m., from the causes and on the date stated above. 23a. SIGNATURE ANTECEDENT (a) stating DUE TO (b) Pneumonitis 5 days Morbid conditions, signing DUE TO (b) Pneumonitis 5 days 5 days 4 DUE TO (c) Pneumonitis 5 days 5 days			. I DISEASE OR CO	NOITION	MEDICAL C	ERTIFICAT	INTERVAL BETWI	EEN Th		
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	1 2	22. I hereby certify	that I attended th	he deceased fr	$_{om} = 8/14$, 19 <u>52</u> , t	<u>, 10/1</u>	, 19 <u>52</u> , that	I last saw the decea	sed
		alive on 10	0/1 , 19_5	2, and that d	eath occurred at .	5 p. m.,	from the cause	and on the date	stated above.	
	12	23a. SIGNATURE	Ch X		(Degree or title)	23b. ADDRESS			23c. DATE SIGN	ED
24a. BURIAL. CREMA- 24b DATE : 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)	li li		XYVV	aull 4	M. D. C	420 Bye	rs Avenue	Joplin, M		
F Tanlan Macausa		24a. BURIAL, CREM	A- 246. DATE	5 24c.	NAME OF CEMETER	Y OR CREMATO	RY 24d. LOC	TION (Oity, town, o	r county) (State)
Surjan 10-3-32 Osborne Sopin, Missouri			いか エローブージ		Osborne	, 			Missouri	
DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE /38 - 0 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS		DATE REC'D BY LOCA	L RESISTRAR'S	GNATURE	ン.13 <u>8-0</u>	25. FUNERAL	DIRECTOR'S	CHATURE	ADDRESS	
107/07 52 w. Silvy Camplins Sel Steve Parker Mortuary, Joplin Mo.			m sich	y Lan	skin se	Steve	Parker M	ortuary.	Joplin Mo	لم
(Licensed Embalmer's Statement on Reverse Side)			7	(Li	censed Embalmer's S	tatement on Rev	reree Side)			:-
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RECEIVED / Jasper County	Health Office	
County File Number	, 52/10/787 5-/3-52	/

I hereby certify that the body whose name is recorded on the re-	verse side of this	certificate v	vas embalm	ed by me, or by	,
	***************************************	Student	Embalmer	No	
working under my personal supervision.	•				

STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.